

# STATE OF ALASKA

## DEPARTMENT OF PUBLIC SAFETY



# ***REPLACEMENT***

and/or *NAME CHANGE* of a  
**CONCEALED HANDGUN PERMIT**

This packet contains:

- General information and instructions
- Application for ***replacement/ name change*** of a concealed handgun permit
- Photograph specifications and instructions

***Direct inquiries to:***

**Department of Public Safety, Division of Statewide Services**

**Permits & Licensing Unit**

**5700 East Tudor Road, Anchorage, Alaska 99507**

**Telephone (907) 269-0392**

**<http://www.dps.state.ak.us/PermitsLicensing/>**

## GENERAL INFORMATION – Retain for your files

### 1. ALASKA CONCEALED HANDGUN PERMIT REPLACEMENT

You may apply for a replacement of your concealed handgun permit if your permit is lost or stolen, or if you have changed your name. By submitting an application for replacement of your concealed handgun permit, you acknowledge you have read and understand the laws and regulations relating to carrying a concealed handgun (Alaska Statutes (AS 18.65.700 -- AS 18.65.790) and Alaska Administrative Regulations (13 AAC 30.010 – 13 AAC 30.900)).

### 2. ADDRESS, RESIDENCE, AND TELEPHONE INFORMATION

**The permit holder must be a resident of Alaska.** *You are required to list a residence address on the application and may not use a post office box, mail drop, or lot and block number.* Your residence address is your street number and name, apartment number, city, and zip code. In outlying areas, provide a brief description of your physical address, e.g., Village Road, fourth house on the left next to boat ramp.

***Reminder: AS 18.65.765(a)(1) states the holder of a permit shall notify the department of a change in the permit holder's address within 30 days.***

**Telephone number** - If there is a correctable problem on your application, we can save processing time if you list a daytime telephone number.

### 3. FEES

Submit the \$25 **non-refundable** replacement fee with your application. The fee may be paid with a personal check, cashier's check, or money order payable to *State of Alaska*. **Do not send cash via US Mail.**

4. **RE-CERTIFICATION TRAINING** is **not** required to replace your concealed handgun permit.

5. **FINGERPRINTS** are **not** required to replace your concealed handgun permit.

### 6. PHOTOGRAPH INSTRUCTIONS

Include ***one quality color photograph*** taken within the 30 days preceding the date you apply for a replacement. **See the Photograph Instructions and Specifications in this packet for specific information.**

### 7. DEFINITION OF "CONVICTION"

**13 AAC 30.900(6) defines "conviction" as it applies to qualifications that must be met for an individual to possess a Concealed Handgun Permit. It states:** "(6)"convicted" or "conviction" means that a person has entered a plea of guilty or no contest to, or has been found guilty by a court or jury of, a criminal offense, **regardless of whether the judgment was after that set aside** under AS 12.55.085 or a similar procedure in another jurisdiction, or was the subject of a pardon or other executive clemency, but does not include a judgment that has been reversed or vacated by a court as a result of motion, appellate action, petition for writ of habeas corpus, or application for post-conviction relief under Rule 35.1 of the Alaska Rules of Criminal Procedure or a similar procedure in another jurisdiction."

### 8. REPLACEMENT PROCESS

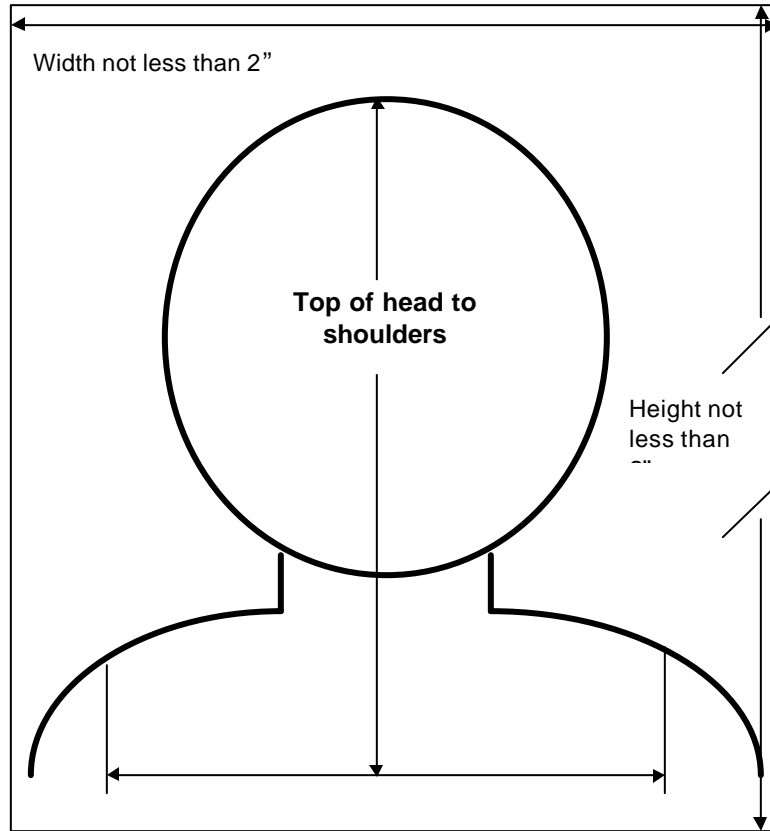
***You must apply in person to replace your concealed handgun permit (AS 18.65.730).*** Review your application, supporting documents, and photograph **before** you submit them. ***Failure to submit a properly completed application and attachments will result in a delay in processing your replacement.*** Take your completed application, photograph, supporting documents (if required), and the \$25 fee to an office of the Alaska State Troopers.

**Your replacement application will be processed when the Permits and Licensing Unit in Anchorage receives your application, the \$25 fee, photograph, and all required documents.**

# PHOTOGRAPH INSTRUCTIONS AND SPECIFICATIONS

## INSTRUCTIONS:

1. Take photograph within 30 days of the date of the application.
2. Print applicant's name, date photograph was taken, and Alaska Driver's License or Identification Card number on the **back** of the photograph.



## SPECIFICATIONS:

1. Uncut (not trimmed), rectangular, color photograph including the top of the subject's head to the shoulders (computer disc from a digital camera is acceptable – format must be .BMP, .DIB, .TGA, .TIF, .PCX, .GIF, .WPG, .JPG, .CMP, and .PCD).
2. Outer dimension of the photograph is **not less than** 2 inches wide by 2 inches high (passport photographs are acceptable).
3. Photograph of applicant is full frontal view **including head and shoulders only**.
4. Background is very light or white with no fancy backdrop or lettering behind subject.
5. Image is **sharp** and **correctly exposed**, not retouched.
6. Photograph lies flat, is not stained, cracked, or mutilated; is not pasted on a card or mounted in any way.
7. Group pictures and full-length portraits are **not** acceptable.
8. Photograph of applicant in a hat or sunglasses is **not** acceptable.

**IMPORTANT NOTE: Failure to submit photograph as specified will delay processing**

ALASKA DEPARTMENT OF PUBLIC SAFETY Division of Statewide Services	<b>REPLACEMENT/NAME CHANGE OF A CONCEALED HANDGUN PERMIT</b>	Do not write in this space
---	--	----------------------------

This replacement application will not be processed unless all applicable questions are answered and the required fee and photograph accompany the application. **THE REPLACEMENT FEE IS NON-REFUNDABLE.**

**Section I. Please type or print in black ink**

ALASKA DRIVERS LICENSE OR IDENTIFICATION NUMBER		Department use only APSIN NUMBER		DATE OF BIRTH		PERMIT EXPIRATION DATE		
FIRST NAME			MIDDLE NAME (NMN if no middle name or MIO if initial only)			LAST NAME		SUFFIX (JR, SR, II,)
HEIGHT FT.   IN.		WEIGHT	HAIR COLOR	EYE COLOR	RACE	GENDER	DAYTIME TELEPHONE NUMBER <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
MAILING ADDRESS					CITY		STATE	ZIP CODE
RESIDENCE ADDRESS (IF DIFFERENT THAN ABOVE)					CITY		STATE	ZIP CODE

**Section II. Check appropriate box.**

I am applying to replace a permit that has been:	<input type="checkbox"/> Lost	<input type="checkbox"/> Stolen	<input type="checkbox"/> Destroyed
I am applying to replace my permit because I have changed my name (attach court document or marriage license verifying the change)			<input type="checkbox"/>

**Section III. Has there been any change in the information submitted on your original application?** ☐ Yes ☐ No

If you answered "Yes" explain below and if necessary, attach a signed statement with an explanation. Include copies of judgments, charging documents, military discharge documents, or any paperwork that will allow the department to determine whether you meet the requirements of AS 18.65.705.

**Section IV.**

**WARNING:** SUPPLYING A FALSE STATEMENT, ANSWER, OR DOCUMENT THE APPLICANT DOES NOT BELIEVE TO BE TRUE MAY SUBJECT THE APPLICANT TO CRIMINAL PROSECUTION FOR UNSWORN FALSIFICATION UNDER ALASKA STATUTE 11.56.210. IF FOUND GUILTY, THE APPLICANT MAY BE PUNISHED FOR VIOLATION OF A CLASS A MISDEMEANOR, AND IN SUCH CASES THE PERMIT WILL BE REVOKED AND THE APPLICANT MAY BE BARRED FROM ANY FURTHER APPLICATION FOR A PERMIT.

**I HEREBY STATE UNDER PENALTY OF LAW THAT:**

1. I have read AS 18.65.705 and still qualify for a concealed handgun permit;
2. I want to replace my permit to carry a concealed handgun for lawful purposes, which may include self-defense;
3. The information in this application and any documents submitted with this application is true, correct, and complete to the best of my knowledge and belief; and
4. I understand a permit eligibility investigation will be conducted as part of the application process; this may involve computerized records searches and I authorize the investigation.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Full name (clearly printed or typed)

**FOR DEPARTMENT USE ONLY**

**RECEIPT FOR FEES PAID**

The applicant whose name appears above paid the sum of \$\_\_\_\_\_ by:

☐ CASH    ☐ CHECK No. \_\_\_\_\_    ☐ MONEY ORDER No. \_\_\_\_\_

\_\_\_\_\_  
Signature of employee accepting application

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed or typed name of employee accepting application

\_\_\_\_\_  
AST office